

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704933

**Entity Name:** FLORIDA INSURANCE COUNCIL, INC.**Current Principal Place of Business:**150 SOUTH MONROE STREET  
SUITE 206  
TALLAHASSEE, FL 32301**Current Mailing Address:**P O BOX 749  
TALLAHASSEE, FL 32302-0749 US**FEI Number:** 59-0996633**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PEARCE, CECIL  
150 SOUTH MONROE STREET, SUITE 206  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name GEIGER, BILL  
Address 570 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name CORRIGAN, PETER  
Address 1301 RIVERPLACE BOULEVARD,  
SUITE 1700  
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIR  
Name SMITH, STEVEN D.  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246-8273

Title TREASURER  
Name SMITH, MALCOLM  
Address 1932 WYNNNTON ROAD  
City-State-Zip: COLUMBUS GA 31999

Title DIRECTOR  
Name TRAFTON, JAMES  
Address 315 S. CALHOUN STREET, SUITE 850  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name PEARCE, CECIL  
Address 150 S. MONROE STREET, SUITE 206  
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIR-ELECT  
Name BOSTICK, ANGEL D  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CECIL PEARCE

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date